



## PERINEAL URETHROSTOMY

Information about your procedure from  
The British Association of Urological Surgeons (BAUS)

This leaflet contains evidence-based information about your proposed urological procedure. We have consulted specialist surgeons during its preparation, so that it represents best practice in UK urology. You should use it in addition to any advice already given to you.



To view this leaflet online, scan the QR code (right) or type the short URL below it into your web browser.

<http://rb.gy/0d808>

Further, general information about strictures can be found in the leaflet [Urethral Stricture Disease](#).

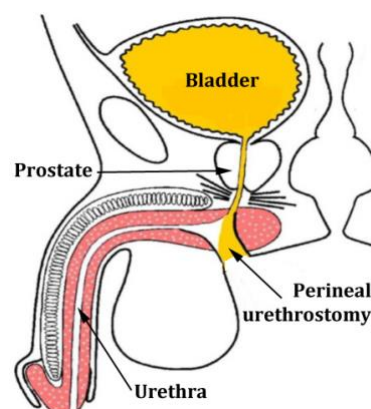
### KEY POINTS

- Perineal urethrostomy diverts the urinary stream away from a blocked penile urethra
- It creates an opening from the urethra through the perineal skin between your scrotum & your anus
- A catheter is usually put in for two to three days after the procedure
- Your continence is not affected because the urethrostomy is beyond the level of the muscle valve which helps you to hold your urine
- You will pass urine and ejaculate through the urethrostomy

### What does this procedure involve?

A perineal urethrostomy (pictured right) creates a new urethral opening in the perineum (the skin between your scrotum and anus). This means that your urine does not need to pass along the entire length of the urethra in the penis.

It is an option for men who do not want urethral reconstruction, those whose urethral stricture is not suitable for reconstruction, those who have



already had unsuccessful urethroplasties or if you are not medically fit for reconstruction. It can also be performed as part of a staged reconstruction of the urethra. It is sometimes used as part of cancer treatment.

After the procedure, you will need to sit and lift your scrotum up to pass urine. Your ejaculated semen will also come out through the urethrostomy instead of the end of your penis. Your continence will not be affected because the opening is made beyond the external sphincter (the group of muscles responsible for continence).

## What are the alternatives?

- **Observation** - “doing nothing”
- **Suprapubic catheter** – inserted through your lower abdomen (tummy)
- **Urethroplasty** – to reconstruct your diseased urethra
- **Urinary diversion** – to divert urine from your bladder into a stoma on your abdominal (tummy) wall

## What happens on the day of the procedure?

Your urologist (or a member of their team) will briefly review your history and medications, and will discuss the surgery again with you to confirm your consent.

An anaesthetist will see you to discuss the options of a general anaesthetic or spinal anaesthetic. The anaesthetist will also discuss pain relief after the procedure with you.

We may provide you with a pair of TED stockings to wear, and give you a heparin injection to thin your blood. These help to prevent blood clots from developing and passing into your lungs. Your medical team will decide whether you need to continue these after you go home.







## Details of the operation

- we usually carry out the procedure under a general anaesthetic
- you may be given an injection of antibiotics before the procedure, after you have been checked carefully for any allergies
- we make an incision in your perineum (between the back of your scrotum and your anus)
- we identify your urethra and open it up, stitching its edges to the skin of the perineal incision

- we close the skin with dissolvable stitches
- we put a catheter into your bladder through the perineal urethrostomy
- the procedure takes 60 to 90 minutes to complete
- you may be discharged on the same day as your surgery or stay in hospital overnight

### Are there any after-effects?

The possible after-effects, and your risk of getting them, are shown below. Some are self-limiting or reversible, but others are not. We have not listed very rare after-effects (occurring in less than 1 in 250 patients) individually. The impact of these after-effects can vary a lot from patient to patient; you should ask your surgeon's advice about the risks and their impact on you as an individual:

After-effect	Risk
Mild burning or bleeding on urination for a short time after the procedure	 Between 1 in 2 & 1 in 10 patients
Swelling, discomfort & bruising of the wound site	 Between 1 in 2 & 1 in 10 patients
Urine or wound infection requiring treatment with antibiotics	 Between 1 in 10 & 1 in 50 patients
Narrowing requiring further surgery	 Between 1 in 10 & 1 in 50 patients
Wound breakdown or post-operative bleeding requiring further surgery	 Between 1 in 50 & 1 in 250 patients
Anaesthetic or cardiovascular problems possibly requiring intensive care (including chest infection, pulmonary embolus, stroke, deep vein thrombosis, heart attack and death)	 Between 1 in 50 & 1 in 250 patients (your anaesthetist can estimate your individual risk)

## What is my risk of a hospital-acquired infection?

Your risk of getting an infection in hospital is between 4 & 6%; this includes getting *MRSA* or a *Clostridium difficile* bowel infection. This figure is higher if you are in a “high-risk” group of patients such as patients who have had:

- long-term drainage tubes (e.g. catheters);
- bladder removal;
- long hospital stays; or
- multiple hospital admissions.

## What can I expect when I get home?

- you will be given advice about your recovery at home
- we will arrange a date and venue for your catheter removal, if it has not been removed before your discharge from hospital
- you will be given a copy of your discharge summary and a copy will also be sent to your GP
- any antibiotics or tablets you may need will be arranged & dispensed from the hospital pharmacy
- a follow-up appointment will be arranged for you

## General information about surgical procedures

### *Before your procedure*

Please tell a member of the medical team if you have:

- an implanted foreign body (stent, joint replacement, pacemaker, heart valve, blood vessel graft);
- a regular prescription for a blood thinning agent (e.g. warfarin, aspirin, clopidogrel, rivaroxaban, dabigatran);
- a present or previous MRSA infection; or
- a high risk of variant-CJD (e.g. if you have had a corneal transplant, a neurosurgical dural transplant or human growth hormone treatment).

### *Questions you may wish to ask*

If you wish to learn more about what will happen, you can find a list of suggested questions called "[Having An Operation](#)" on the website of the Royal College of Surgeons of England. You may also wish to ask your surgeon for his/her personal results and experience with this procedure.

### ***Before you go home***

We will tell you how the procedure went and you should:

- make sure you understand what has been done;
- ask the surgeon if everything went as planned;
- let the staff know if you have any discomfort;
- ask what you can (and cannot) do at home;
- make sure you know what happens next; and
- ask when you can return to normal activities.

We will give you advice about what to look out for when you get home. Your surgeon or nurse will also give you details of who to contact, and how to contact them, in the event of problems.

### ***Smoking and surgery***

Ideally, we would prefer you to stop smoking before any procedure. Smoking can worsen some urological conditions and makes complications more likely after surgery. For advice on stopping, you can:

- contact your GP;
- access your local [NHS Smoking Help Online](#); or
- ring the Smoke-Free National Helpline on **0300 123 1044**.

### ***Driving after surgery***

It is your responsibility to make sure you are fit to drive after any surgical procedure. You only need to [contact the DVLA](#) if your ability to drive is likely to be affected for more than three months. If it is, you should check with your insurance company before driving again.

### **What should I do with this information?**

Thank you for taking the trouble to read this information. Please let your urologist (or specialist nurse) know if you would like to have a copy for your own records. If you wish, the medical or nursing staff can also arrange to file a copy in your hospital notes.

### **What sources have we used to prepare this leaflet?**

This leaflet uses information from consensus panels and other evidence-based sources including:

- the [Department of Health \(England\)](#);
- the [Cochrane Collaboration](#); and
- the [National Institute for Health and Care Excellence \(NICE\)](#).

It also follows style guidelines from:

- the [Royal National Institute for Blind People \(RNIB\)](#);
- the [Information Standard](#);
- the [Patient Information Forum](#); and
- the [Plain English Campaign](#).

### **DISCLAIMER**

Whilst we have made every effort to give accurate information, there may still be errors or omissions in this leaflet. BAUS cannot accept responsibility for any loss from action taken (or not taken) as a result of this information.

**PLEASE NOTE:** the staff at BAUS are not medically trained, and are unable to answer questions about the information provided in this leaflet. If you have any questions, you should contact your Urologist, Specialist Nurse or GP in the first instance.

